

When one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 146
Registered No. 170

1. PLACE OF BIRTH

County Pima

State Arizona

District or Township

or Village

City Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louise Belmont

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

Louis Belmont
Globe Ariz.

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

white

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

Pueblo Colo.

(State or country)

13. Occupation

Nature of industry

Laborer

14.

MOTHER

Full maiden name

Mary Elmer Haggitt
Globe Ariz.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

white

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

Colorado, Mex.

(State or country)

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive

at 8:00 m.

on the date above stated.

(Born alive or stillborn.)

Signature

C. W. Adams
Physician

(Physician or midwife.)

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Box 636 Globe, Ariz.

Filed

10/7

1929

Th. E. Wright

Registrar

Registrar

323-911-483